

Doctors often overtreat with radiation in late-stage lung cancer

September 30 2015

Almost half of patients with advanced lung cancer receive more than the recommended number of radiation treatments to reduce their pain, according to a new study published in the *Journal of the National Cancer Institute*.

Radiation therapy that is palliative, or not intended to cure, can reduce the pain from [lung tumors](#) and improve quality of life. But unnecessary treatments add to costs and require needless trips to the hospital—and can lead to radiation toxicity and difficulty in swallowing.

Guidelines developed from clinical trials recommend no more than 15 radiation treatments be given for pain in stage 4 [lung cancer](#). The guidelines recommend that patients not receive chemotherapy at the same time, to reduce the risk of toxicity.

The new analysis looked at 47,000 patients who received palliative radiation for stage 4 lung cancer in the U.S. between 2004 and 2012 and found that about one in five had received chemotherapy at the same time. Nearly a third of patients received more than 25 radiation treatments—10 above the recommended maximum.

"This study uncovered that there's a lot of treatment of late-stage lung cancer with palliative radiation that goes beyond what is recommended by several national guidelines and multiple [clinical trials](#)," said the study's lead author, Dr. Matthew Koshy, a [radiation oncologist](#) at the University of Illinois Hospital & Health Sciences System.

"More education is needed for [radiation](#) oncologists, to prevent overtreatment—which has not been proven to further improve symptoms or quality of life, and can have some significant side effects," Koshy said.

The researchers also looked for any particular type of patient more likely to be overtreated.

"Having private insurance was the number-one predictor of being overtreated," Koshy said. Privately insured patients were 40 percent more likely than others to receive more than the recommended 15 treatments. Patients treated in community cancer centers - clinics without ties to an academic institution - were also more likely to be overtreated.

Koshy said physicians might tend to overtreat privately insured patients because services are billed per-treatment, creating a financial incentive. However, he said, "it could also be because these patients may be perceived to have better potential for a more positive outcome."

Provided by University of Illinois at Chicago

Citation: Doctors often overtreat with radiation in late-stage lung cancer (2015, September 30) retrieved 20 March 2024 from <https://medicalxpress.com/news/2015-09-doctors-overtreat-late-stage-lung-cancer.html>

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